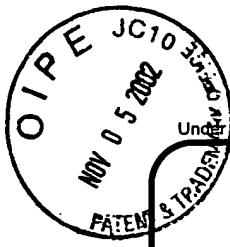


Please type a plus sign (+) inside this box → **[+]**

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



1636

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/846,797	RECEIVED
		Filing Date	May 1, 2001	NOV 07 2002
		First Named Inventor	Hogan et al.	TECH CENTER 1600/2900
		Group Art Unit	1636	
		Examiner Name	Konstantina Katcheves	
Total Number of Pages in This Submission	10	Attorney Docket Number	GP121-02.UT	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (7 p.)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Marked-up Version of Amend. (2 p.)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
The Commissioner is hereby authorized to charge any amount due in connection with this filing to Deposit Account 07-0835 in the name of Gen-Probe Incorporated.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael J. Gilly, Reg. No. 42,579
Signature	
Date	October 31, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class
mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this date:

October 31, 2002

Typed or printed name	Michael J. Gilly, Reg. No. 42,579
Signature	
Date	October 31, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.